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Efficiency of homeopathic potentized medicine in treating chronic rhino sinusitis

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Abstract

Objective: To assess the usage of Homoeopathic Potentized medicine for managing chronic Rhinosinusitis.

Materials and Method: Observational 30 case study of chronic rhinosinusitis did in our institutional opd and given individual Homoeopathic Potentized medicine.

Result: During the study it was observed that almost in all cases the Homoeopathic potentized medicine responded well except one case.

Conclusion: Homeopathic potentized medicine is very effective in treating of Rhinossinusitis.

Keywords: Chronic rhinossinusitis, homeopathy potentized medicine, individualization

Introduction

We often meet several Patients related to Rhinosinusitis every day in our OPD. We have several Homoeopathic medicines in Homeopathic Materia Medica indicated for the different type of Rhinosinusitis. But the treatment is not targeted with the name of the disease but we have to individualize the patient first then suitable homoeopathic Medicine is selected for the patient to cure.

The paranasal sinuses are aerated cavities in the bones of the face that develop as outpouches of the nasal cavity and communicate with this cavity throughout life. The maxillary and ethmoid sinuses are present at birth; the frontal and sphenoid sinuses develop after ages 2 and 7, respectively. Like the nose, the sinuses are lined with respiratory epithelium that includes mucus – producing goblet cells and ciliated cells. The mucous blanket is carried towards the sinus openings (ostia) at a speed of up to 1 cm/min by the beating of the cilia. The ostia are small; the ethmoid sinus ostia, for example, are only 1 to 2 mm in diameter. Delay in the mucociliary transport time or more important obstruction of the ostia may lead to retained secretions and Rhinossinusitis.

Rhinossinusitis is a common problem in India, this infection accounts for millions of office visits annually. The most common type, maxillary sinusitis, is followed in frequency by ethmoid, frontal, and sphenoid sinusitis. A viral infection of the upper respiratory tract is the most common precursor of Rhinossinusitis, although only about 0.5% of such infections are complicated by clinically evident acute bacterial sinusitis. Rhinossinusitis develops primarily through ostial obstruction due to mucosal edema. Viral upper respiratory infections also increase the amount of mucus produced and may damage ciliated cells, thereby delaying mucus transport time. Allergic rhinitis is another common cause of ostial obstruction, either by mucosal edema or by polyps. Nasotracheal or nasogastric intubation can result in obstruction of the ostia and is a major risk factor for nosocomial sinusitis in intensive care units. Dental infections may cause 5 to 10% of all cases of maxillary sinusitis; the roots second molars) about the floor of the maxillary sinus. Other causes of Rhinossinusitis include barotraumas from deep-sea diving or airplane travel, mucus abnormalities (e.g., cystic fibrosis), and chemical irritants. Foreign bodies tumors (e.g., midline granuloma, intranasal lymphoma, or squamous cell carcinoma), and granulomatous diseases (e.g., Wegener's granulomatosis or rhinoscleroma) may all cause sinusitis secondary to obstruction.

Objectives of the Study

1. To study the scope of Homoeopathy in the treatment of Rhinossinusitis.
2. To study efficacy of Homoeopathic Medicine & to identify its importance with support of clinical study.

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3. To study Rhinossinusitis from available literature modern medicine and Homoeopathy.

Material & Method

1. Sample

- a. 30 cases with the problem of rhinossinusitis were taken for the study belonging to the different ages and both sexes.
b. Homoeopathic medicines were used of high quality after Repertorisation, to study the effect of these remedies on the case of recurrent rhinossinusitis

2. Place of study

The cases were studied at G.D. Memorial Homoeopathic Medical College & Hospital, East Ramkrishna Nagar, Patna – 800020.

3. Methodology

Step 1: Case Pro – forma: A special Case – Pro forma was designed for the purpose of case taking for the cases of rhinossinusitis.

Steps 2: Case taking: Case taking was carried out in a proper way to perceive the case.

Step 3: Case History: Case history was taken in every case

Step 4: Case Analysis: Each Case was analyzed as the guide line have been given by our stalwarts.

Step 5: Evaluation of the symptoms was done according to the guide line laid by our stalwarts.

Step 6: On the basis of the totality of the symptoms, observation of the case, type of Sinusitis, its cause and modality of the case, medicine and the potency was decided.

Step 7: The selected medicine was administered over the selected sample.

Step 8: Follow up of each case was taken within a suitable period of time.

Step 9: All cases were observed for nine months after the recovery.

Step 10: On the basis of the findings results and conclusion were drawn.

Inclusion and Exclusion Criteria

1. Patients were selected by randaom sampling method without caring for community, caste, social status and from both sexes.
2. Who remained available continuously on call for the study at least for 9 months.
3. They were expected to co-operate and follow the instructions.
4. All those patients were excluded who were suffering from grave constitutional disease.
5. Those patient were excluded who were non co-

operative and had not follow the instructions given to them at the time of commencement of the treatment.

Result

Observation

Table 1: Showing Male Female Rate

S. No	Sex	No. of Patients	percentage
1	Male	13	%
2	Famale	17	43.30%
	Total	30	56.70%

Table 2: Age Indices

S. No	Age Group in Years	No. of Patients	percentage
1	10-20	09	30.00%
2	20-40	20	66.70%
3	41-60	01	03.30%
4	Above 60	00	00.00%

Table 3: Type of Sinusitis

Maxillary	Frontal	Ethmoid
17	11	02

Table 4: Remedy Response

Case Recovered Properly	Improved	Didn't improved
25	3	2

Table 5: Outcome of Treatment

No. of cases took Properly treatment	Did not Improve	Didn't improved
28	1	1

Discussion

To study my topic “A Study on Rhino Sinusitis and its Homoeopathic Management” 30 cases of different age group of both sexes were taken. The study was conducted at G.D. Memorial Homoeopathic Medical College & Hospital, East Ramakrishna Nagar, Patna.

Before conducting the clinical study, I studied several literatures available on the subject.

Out of 30 cases there were 17 female 13 male patients.

9 patients were studied between the age group of 10 years to 20 years, 20 patients were studies between the age group of 21 years to 40 years. 01 patient was studied between age group of 41 years to 60 years and there was no patient above 60 years.

There were 17 cases of Maxillary Sinusitis where as 11 cases were of frontal Sinusitis and 02 cases of Ethmoid Sinusitis.

Table 6: The following remedies have found effective in the treatment of Sinusitis:

S. No	Name of Medicines used	No. of patient
1	Kali buchrome	7
2	Silicea	7
3	Hepar sulph	4
4	Natrum mur	3
5	Phosphorus	3
6	Sepia	2
7	kali iod	1
8	Nitric Acid	1
9	Arsenic alb	1
10	Lachesis	1

The patients were individualized according to homoeopathic case taking and philosophy. The study included observations, examinations type discharge from the nostril, sneezing, obstruction of nostrils, effect of cold, associated complaints like headache, etc. mental and physical general as per their complaints.

The cases were studied on the basis of holistic approach, Hence a detailed case taking was carried out to individualize the patient. A proper and through examination of the patient was also carried out. During study it was observed that almost in all cases the Homoeopathic medicine responses well except one case which did not followed instructions. Out of 30 patients one patient dropped out during the treatment.

Conclusion

30 cases of different age group of both sexes were taken for the study of topic "A study on Rhino Sinusitis and its Homoeopathic Management"

The approach of treating the cases was holistic. To complete the picture of the disease a proper case taking in each case was carried out. Following measures were adopted:-

1. Case taking
2. Clinical examination

The causative factors of the present complaints were taken in each case either mental or physical. The associated complaints like a appetite desire, aversion, thirst. sleep, mental restlessness etc. were taken into consideration to individualized the patient.

Repertorization is required after proper case taking case processing and evaluation of symptoms. Among Homoeopathic Repertories Kent's Repertory was found most helpful in selecting similar group of medicines for the cases.

The Homoeopathic medicines are very effective in treating the cases of different type of Rhino Sinusitis. It was also found in this study that Homoeopathic medicines are effective equally either on Maxillary Sinusitis and Frontal Sinusitis but no manage the Ethmoid sinusitis was little difficult.

In the under taken study the most effective medicines for Rhino Sinusitis was found-Kali bich, Silicea, Hepar sulph, Natrum mur and Phosphorous.

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